

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25699	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Rockford Chase P O Box Bldg., Room No if any Street 3510 James Savage Rd City Midland State Michigan ZIP Code +4 48642	4 Name file number and address of labor organization Name United Steelworkers Local 12075 Labor Organization File Number 035-853 P O Box Building and Room Number if any Street 3510 James Savage Rd City Midland State Michigan ZIP Code +4 48642
5 Position in labor organization Vice-President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name The Dow Chemical Co Trade Name if any Dow P O Box Bldg Room No if any Street Michigan Operations City Midland State Michigan ZIP Code +4 48674	7 a Nature of Interest, Transaction or Income March 6 2005 Dinner for Guiding Principles- \$45 00 December 1 2005 Down River Prayer Breakfast Lodging- \$170 00 Dinner- \$60 00 7.b Amount \$275

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u><i>Rockford B Chase</i></u>	On <u>05/12/2005</u> Date	<u>(989) 495-9350</u> Telephone Number

Name of Person Filing Rockford Chase	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg. Room No if any Street City State ZIP Code + 4	9 Business deals with. <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer				
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg. Room No if any Street City State ZIP Code + 4	<table border="1"> <tr> <td data-bbox="812 695 1531 940"> 11 a Nature of such dealing </td> </tr> <tr> <td data-bbox="812 951 1531 982"> 11 b Approximate dollar value of such dealing </td> </tr> <tr> <td data-bbox="812 993 1531 1247"> 12.a Nature of interest held or income received </td> </tr> <tr> <td data-bbox="812 1257 1531 1281"> 12.b Amount </td> </tr> </table>	11 a Nature of such dealing	11 b Approximate dollar value of such dealing	12.a Nature of interest held or income received	12.b Amount
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11 b Approximate dollar value of such dealing					
12.a Nature of interest held or income received					
12.b Amount					

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment.